



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

Municipal Employees, Retirees and Survivors

2008-2009



GIC Benefit Decision Guide

For Changes Effective July 1, 2008



**Important Health
Plan Changes!**



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Dear Colleagues:

In this year's Benefit Decision Guide, you will find important information about your benefits under the state's health care plans. Our goal remains to offer you and your family excellent benefits at affordable costs.

To achieve these goals, we will continue to work with the Group Insurance Commission (GIC) to improve quality and contain costs. The GIC will continue its leadership role in driving health care delivery improvements, quantifying differences in care and providing incentives by charging lower co-payments for those who use better-performing doctors and health care providers. Each of us has a part to play -- the GIC by designing programs to improve the system; the administration and the Legislature by funding these programs responsibly; and you by being thoughtful and prudent consumers.

I urge you to read the **2008-2009 Benefit Decision Guide** thoroughly. Contact your current health plan (if you are not in Medicare), and other GIC health plans you are considering, to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family.

I thank you for your service to the Commonwealth. I look forward to continuing our work together to move Massachusetts forward.

Sincerely,



All enrollees should read:

Your Responsibility	2
New Hire and Annual Enrollment Overview	3
Annual Enrollment News	4
Maximize Your Employee and Non-Medicare Select & Save Benefits	6
Benefit Changes Effective July 1, 2008	7
Weigh Your Options	9
Medicare and Your GIC Benefits	10
Monthly Group Insurance Commission (GIC) Full Cost Rates Effective July 1, 2008	13

Find out about your Employee/Non-Medicare health plan options:

Prescription Drug Benefits	14
Employee and Non-Medicare Retiree/Survivor Health Plans	15

Find out about your Medicare health plan options:

Prescription Drug Benefits	14
Medicare Health Plans	24

Resources for additional information:

Inscripción Anual.	30
年度登記	30
Ghi Danh Hàng Năm.	30
Four-track Audiotape for Visually Impaired.	30
Website	30
Health Fair Schedule.	31
Glossary	32
GIC Plan Contact Information	33



**Commonwealth of Massachusetts
Group Insurance Commission**

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ANNUAL ENROLLMENT TIPS

- Read pages 4-8 of this *Benefit Decision Guide* to find out how your benefits will change effective July 1, 2008.

- Research your health plan options during annual enrollment (see pages 14-29 for an overview of your health plan options).

If you are an employee or Non-Medicare Retiree/Survivor:

- Contact the health plans to see which co-pays you would pay for your doctors and hospitals.
- Tier 1 doctors are top value providers and will save you money.

If you are a Medicare retiree/survivor, read pages 10-12 to become familiar with Medicare and your GIC benefits.

SYMBOL KEY



Pay special attention!



An Employee/Non-Medicare Select & Save Plan

The *Benefit Decision Guide* is an overview of benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.



Your annual enrollment forms are due to the GIC Coordinator in your benefits office (new GIC enrollees, Retired Municipal Teachers converting to GIC coverage and active employees) or the GIC (Springfield and Saugus retirees/survivors) by May 16, 2008

Changes go into effect July 1, 2008

Frequently Asked Questions

Q *I'm turning age 65; what do I need to do?*

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If you are eligible and are retired, you must enroll in Medicare Part A and Part B to continue coverage with the GIC.

If you are eligible and continue working after age 65, DO NOT enroll in Medicare Part B until you (the insured) retire.

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see the GIC's website for details.

Most enrollees should not sign up for Medicare Part D. See page 11 for more information.

Q *I am an active employee age 65 or over; which health plan card should I present to a doctor's office or hospital?*

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

Q *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

A Your spouse should call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Part A and Part B to continue coverage with the GIC. See page 10 for health plan combination options.

Q *If I die, is my surviving spouse eligible for GIC health insurance?*

A If you (the insured) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage until he/she remarries or dies.

See the GIC's website for answers to other frequently asked questions:
www.mass.gov/gic

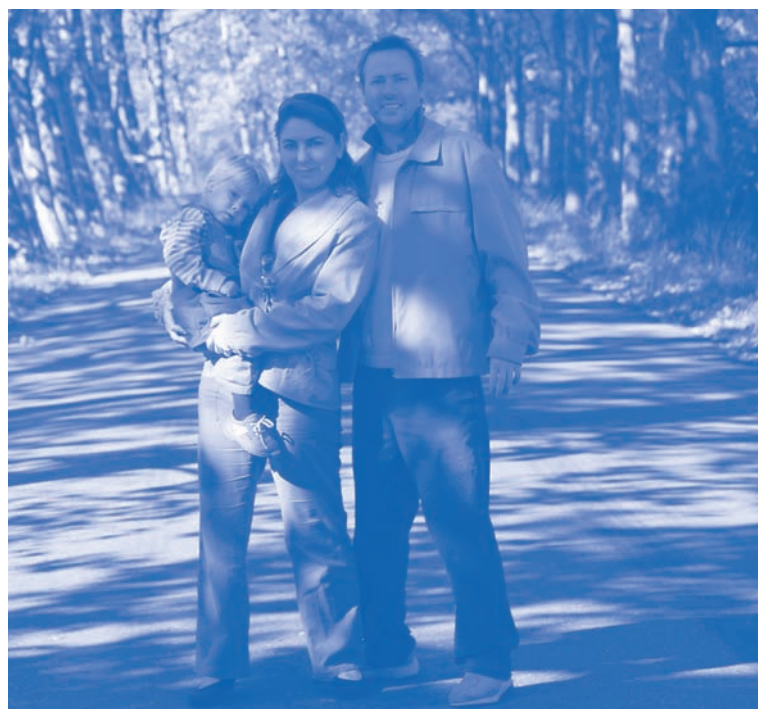


You *MUST* Notify Your Benefits Office (active employees) or the GIC (retirees and survivors) When Your Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in you being billed for services provided to you or a family member. Active employees must notify the GIC Coordinator in their benefits office if any of the following occur; if you are a retiree or survivor, write to the GIC:

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- Dependent turning age 19
- Marriage of a covered dependent
- Dependent age 19 and over who ceases to be a full-time student, withdraws from school, is on a medical leave of absence from school or the medical leave of absence ends, graduates, or ceases to be an IRS Dependent
- Death of an insured
- Death of a covered spouse or dependent
- Birth or adoption of a child
- Legal guardianship of a child

You may be held personally and financially responsible for failure to notify the GIC of family status changes.



New Hire and Annual Enrollment Overview

Annual enrollment gives you an opportunity to review your benefit options and enroll in a health plan or make changes if you desire.



If you are a Springfield or Saugus enrollee and want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES	EMPLOYEES, NON-MEDICARE RETIREES/SURVIVORS and RETIRED MUNICIPAL TEACHERS (RMTs) CONVERTING TO MUNICIPAL COVERAGE	MEDICARE RETIREES/SURVIVORS and RETIRED MUNICIPAL TEACHERS (RMTs) CONVERTING TO MUNICIPAL COVERAGE
<p>Within 10 calendar days of hire See the GIC Coordinator in your benefits office or the GIC's website for coverage effective date details.</p>	<p>During Annual Enrollment April 14-May 16, 2008 for changes effective July 1, 2008</p>	
You may enroll in one of these health plans:	You may enroll in or change your selection of one of these health plans:	You may enroll in or change your selection of one of these health plans:
<ul style="list-style-type: none"> ■ Fallon Community Health Plan Direct Care ■ Fallon Community Health Plan Select Care ■ Harvard Pilgrim Independence Plan ■ Health New England ■ Navigator by Tufts Health Plan ■ NHP Care (Neighborhood Health Plan) ■ UniCare State Indemnity Plan/Basic ■ UniCare State Indemnity Plan/Community Choice ■ UniCare State Indemnity Plan/PLUS 		<ul style="list-style-type: none"> ■ Fallon Senior Plan ■ Harvard Pilgrim Medicare Enhance ■ Health New England MedPlus ■ Tufts Health Plan Medicare Complement ■ Tufts Health Plan Medicare Preferred ■ UniCare State Indemnity Plan/Medicare Extension (OME)
By submitting within 10 days of employment...	By submitting by May 16...	By submitting by May 16...
<ul style="list-style-type: none"> ■ GIC enrollment forms; and ■ Required documentation for family coverage as outlined on the <i>Your GIC Records</i> section of our website (if applicable) to the GIC Coordinator in your benefits office 	<p>GIC enrollment forms and required documentation for family coverage as outlined on the <i>Your GIC Records</i> section of our website (if a new GIC enrollee or RMT converting to municipal coverage) to the GIC Coordinator in your benefits office</p>	<ul style="list-style-type: none"> ■ New Enrollees: GIC Municipality enrollment forms and required documentation as outlined on the <i>Your GIC Records</i> section of our website to the GIC Coordinator in your benefits office
<p>NOTE: Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your GIC Coordinator for details.</p>		



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area or become eligible for Medicare (in which case, you must switch plans).

Enrollment and application forms are available on our website:
www.mass.gov/gic and through the GIC Coordinator in your benefits office.

Rising health care costs and gaps in health care quality continue to pose formidable challenges:

- Health care cost increases have far outpaced increases in workers' earnings and overall inflation. According to the Kaiser Family Foundation, nationally since 2001:
 - Family coverage health premiums have increased 78%, but
 - Wages have increased 19%
 - Inflation has increased 17%
- Health care costs, including the GIC, now comprise 45% of the state's budget.
- The state faces a \$1.3 billion budget gap.
- Numerous studies, including those conducted by the Institute of Medicine and the RAND Corporation, have shown wide disparities in quality of care.

What have other employers done?

- Cut benefits/reduced coverage
- Eliminated choice
- Implemented high-deductible plans
- Eliminated retiree benefits

The GIC has taken a different approach:

- Looked at the health care system itself
- Urged providers (doctors and hospitals) to be part of the solution

The GIC's Clinical Performance Improvement Initiative *for Employee and Non-Medicare Retiree Plans*, which began in fall 2003, seeks to:

- Maintain a comprehensive level of benefits
- Improve health care quality and safety
- Maintain participants' choice of providers
- Control cost increases for enrollees and the Commonwealth
- Educate enrollees about provider performance measures of value and quality
- Encourage members to become informed health care consumers

For FY09, the Clinical Performance Improvement Initiative *for Employee and Non-Medicare Retiree Plans* will continue to evolve:

Physician office visit co-pays will migrate to three tiers for specialists, as well as Primary Care Physicians in some plans, based on quality and cost efficiency standards. Health plans will tier physicians individually or by practice group, depending on the practice type and data available:

★★★ Tier 1 (*excellent*)

★★ Tier 2 (*good*)

★ Tier 3 (*standard*)

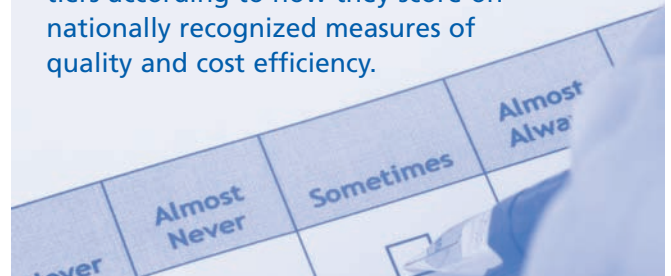
Physicians for whom there is not enough data and non-tiered specialists will be assigned the Plan's Tier 2 co-pay.

To address concerns with the GIC budget, there will be changes in some Employee and Non-Medicare Retiree Plan co-pays (see pages 7 and 8 for details):

- Outpatient surgery
- Inpatient hospital admissions

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and cost efficiency.



Other Benefit News

- The GIC has re-contracted with all of its health carriers:
 - Fallon Community Health Plan
 - Harvard Pilgrim Health Care
 - Health New England
 - Neighborhood Health Plan
 - Tufts Health Plan
 - UniCare
- The name of the Indemnity Plans will change to: UniCare State Indemnity Plan/Basic, Community Choice, Medicare Extension (OME) and PLUS.
- The GIC has again selected United Behavioral Health as the mental health benefit provider for all Indemnity Plans and Navigator by Tufts Health Plan members.
- Routine eye exam benefits will be standardized across all employee/non-Medicare health plans and added to the UniCare State Indemnity Plan/Medicare Extension (OME): one exam every 24 months.
- Harvard Pilgrim First Seniority Freedom will be discontinued; all members of this Plan must select a new health plan for coverage effective July 1, 2008.
- A new Medicare plan will be offered. The Harvard Pilgrim Medicare Enhance Plan is a supplemental Medicare plan, covering services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment. *See page 25 for additional information.*
- The name of Health New England MedRate will change to Health New England MedPlus.



DURING Annual Enrollment:

- ✓ Contact the health plans you're considering to see which co-pays you would pay for your doctors and hospitals.



AFTER Annual Enrollment:

- ✓ Be an informed consumer!
- ✓ Tier 1 providers are top value providers.
- ✓ Consider their rankings before you select a provider (and save \$).
- ✓ Before you visit a doctor or are admitted to the hospital (non-emergency), find out your co-pay for the doctor or hospital.



Choosing a **HEALTH PLAN**

During annual enrollment, "Julie" checked out which tier her own, her husband's and her children's doctors would be in as of July 1 in some of the GIC's health plans. She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower co-pay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during annual enrollment.

Choosing a **DOCTOR OR HOSPITAL**

"Mike" was told he needs surgery. He is in Navigator by Tufts Health Plan and talks to his surgeon to find out which hospitals the surgeon recommends for his care. He contacts Tufts Health Plan to find out which co-pay tier the recommended hospitals are in. He elects to receive care at a Tier 1 hospital and saves money by doing so.

"George" is a member of the Harvard Pilgrim Independence Plan.

He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Harvard Pilgrim's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and George books an appointment with that dermatologist.



These scenarios and Select & Save benefits do not apply to any of the GIC Medicare Plans



Benefit Changes Effective July 1, 2008

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS	IN-NETWORK CO-PAY AND BENEFIT CHANGES (See pages 15-23 for other health plan co-pays)
Fallon Community Health Plan Direct Care	<ul style="list-style-type: none"> ■ Outpatient surgery co-pay: \$100 ■ Routine eye exam benefit changed to every 24 months
Fallon Community Health Plan Select Care	<ul style="list-style-type: none"> ■ Primary Care Physician office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$10 □ ★★ Tier 2: \$15 □ ★ Tier 3: \$25 ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★ Tier 3: \$35 ■ Outpatient mental health office visit co-pay: no tiering - \$15 per visit ■ Outpatient surgery co-pay: \$125 ■ Routine eye exam benefit changed to every 24 months
Harvard Pilgrim Independence Plan	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$35 ■ Outpatient surgery co-pay: \$100
Health New England	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$35 ■ Inpatient hospital admission co-pay: \$250 ■ Outpatient surgery co-pay: \$100 ■ Routine eye exam benefit changed to every 24 months
Navigator by Tufts Health Plan	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$35 ■ Inpatient hospital co-pays change and third tier is eliminated for adult medical/surgical and obstetrics: <ul style="list-style-type: none"> □ Tier 1: \$200 □ Tier 2: \$400 ■ Outpatient surgery co-pay: \$100
NHP Care (<i>Neighborhood Health Plan</i>)	<ul style="list-style-type: none"> ■ Primary Care Physician office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$25 ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★★ Tier 2: \$25 □ ★ Tier 3: \$35 ■ Outpatient mental health office visit co-pay: no tiering - \$10 per visit ■ Outpatient surgery co-pay: \$100 ■ Routine eye exam benefit changed to every 24 months

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS	IN-NETWORK CO-PAY AND BENEFIT CHANGES (See pages 15-23 for other health plan co-pays)
UniCare State Indemnity Plan/ Basic, Community Choice, and PLUS	<ul style="list-style-type: none"> ■ Co-pays for generic Prilosec reduced to Tier 1; Nexium and Prevacid co-pays reduced to Tier 2 ■ Primary Care Physician office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$25 ■ Outpatient surgery deductible: \$100 ■ Added routine eye exam every 24 months
UniCare State Indemnity Plan/Basic	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$30 ■ Inpatient hospital admission deductible: \$200
UniCare State Indemnity Plan/ Community Choice	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★ Tier 3: \$35
UniCare State Indemnity Plan/PLUS	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★ Tier 3: \$35 ■ Inpatient hospital admission deductible Tier 1: \$250

MEDICARE HEALTH PLANS	IN-NETWORK CO-PAY AND BENEFIT CHANGES (See pages 24-29 for other health plan co-pays)
Harvard Pilgrim First Seniority Freedom	This health plan will no longer be offered; all members must choose a new health plan for coverage effective July 1, 2008.
Harvard Pilgrim Medicare Enhance	This is a new Medicare plan offered by the GIC. It is a supplemental Medicare plan covering services provided by any licensed hospital or doctor across the United States that accepts Medicare payment. See page 25 for additional information.
UniCare State Indemnity Plan/ Medicare Extension (OME)	<ul style="list-style-type: none"> ■ Co-pays for generic Prilosec reduced to Tier 1; Nexium and Prevacid co-pays reduced to Tier 2 ■ Added routine eye exam every 24 months

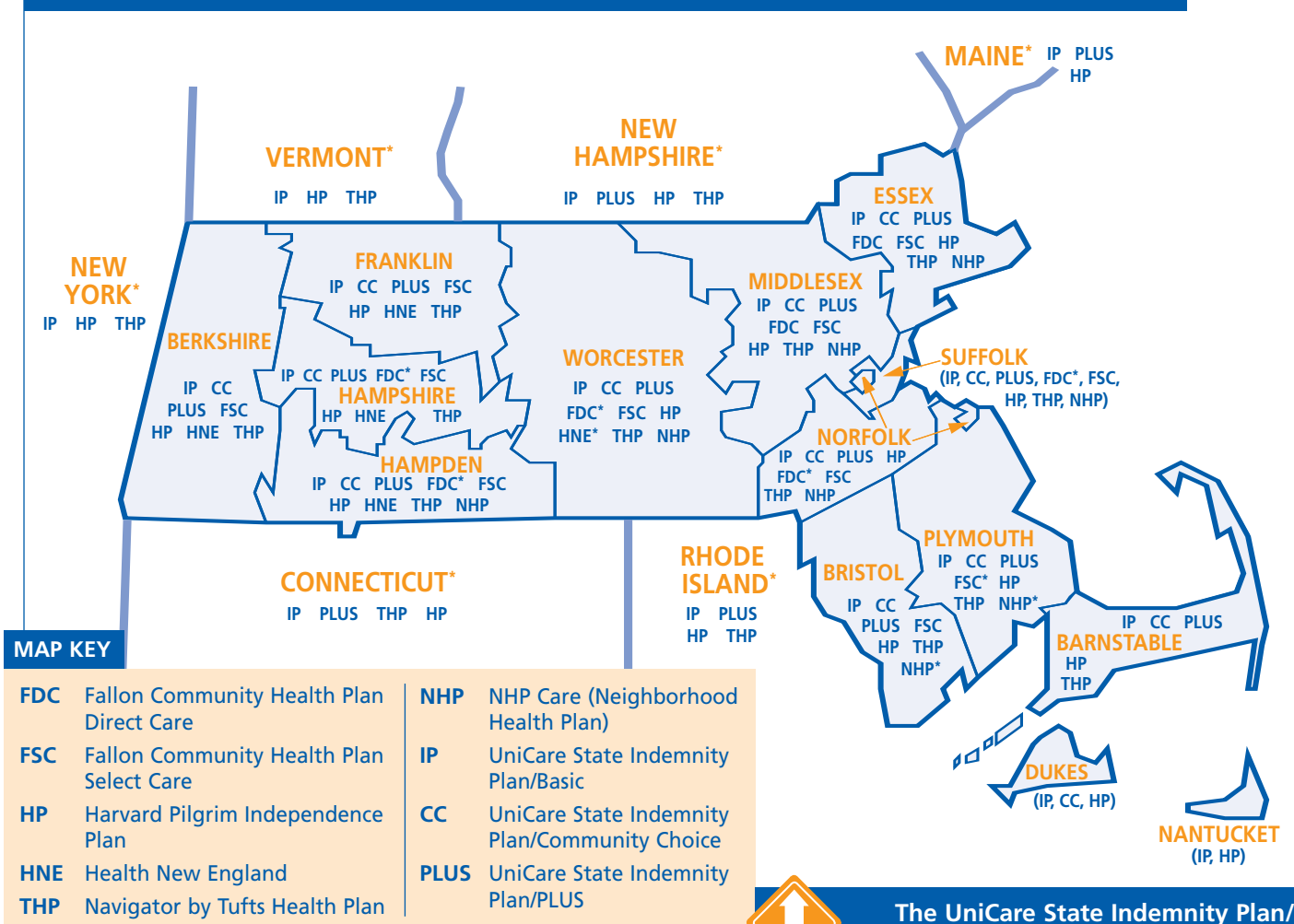


Weigh Your Options During Annual Enrollment

- Determine which plans you are eligible for: See the map below for employee and Non-Medicare retiree plan locations and page 12 for Medicare plan locations. See each health plan page for eligibility details.
- Review the health plan pages 15-29 for an overview of your health plan options, their structure, and most frequently used service co-pays and deductibles. Weigh the following:
 - Are there out-of-network benefits and do you need them?
 - Do you prefer having a Primary Care Physician who is required to coordinate your care?
 - Monthly rates (see separate rate chart).

- Contact the health plans you are considering to find out:
 - Information on other health plan benefits, such as mental health, hearing aids, weight loss programs and more that are not described in this guide
 - If your doctors and hospitals are in the network
 - Which co-pay tiers your doctors and hospitals are in (does not apply to GIC Medicare plans)
- Attend a GIC health fair and see the GIC's website for additional information (See pages 30 and 31)

Is the EMPLOYEE and NON-MEDICARE RETIREE Plan Available in Your Area?



* Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.



The UniCare State Indemnity Plan/Basic is the only Employee/Non-Medicare plan offered by the GIC available throughout the United States and out of the country.

Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment. Medicare Part D is a federal prescription drug program.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse do NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



When you (the insured) retire:

- If you and/or your spouse are eligible for Part A for free, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If you and your spouse are Medicare eligible, you must enroll in the same Medicare plan.
- You MUST continue to pay your Medicare Part B premium. Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree) or your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan (<i>note coverage area on page 9</i>)	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Navigator by Tufts Health Plan	Tufts Medicare Complement
Navigator by Tufts Health Plan	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

How to Calculate Your Rate



See separate rate chart from your municipality.

Medicare Couple

Find the premium for the Medicare Plan in which you are enrolling and double it for your monthly rate.

Retiree and Spouse coverage if under and over age 65

1. Find the premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is what you will pay monthly.

If you have one Medicare enrollee and two or more Non-Medicare enrollees, add the Medicare premium to the Non-Medicare family coverage premium to calculate your monthly premium.

Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the chart on page 12.*
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2009. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.



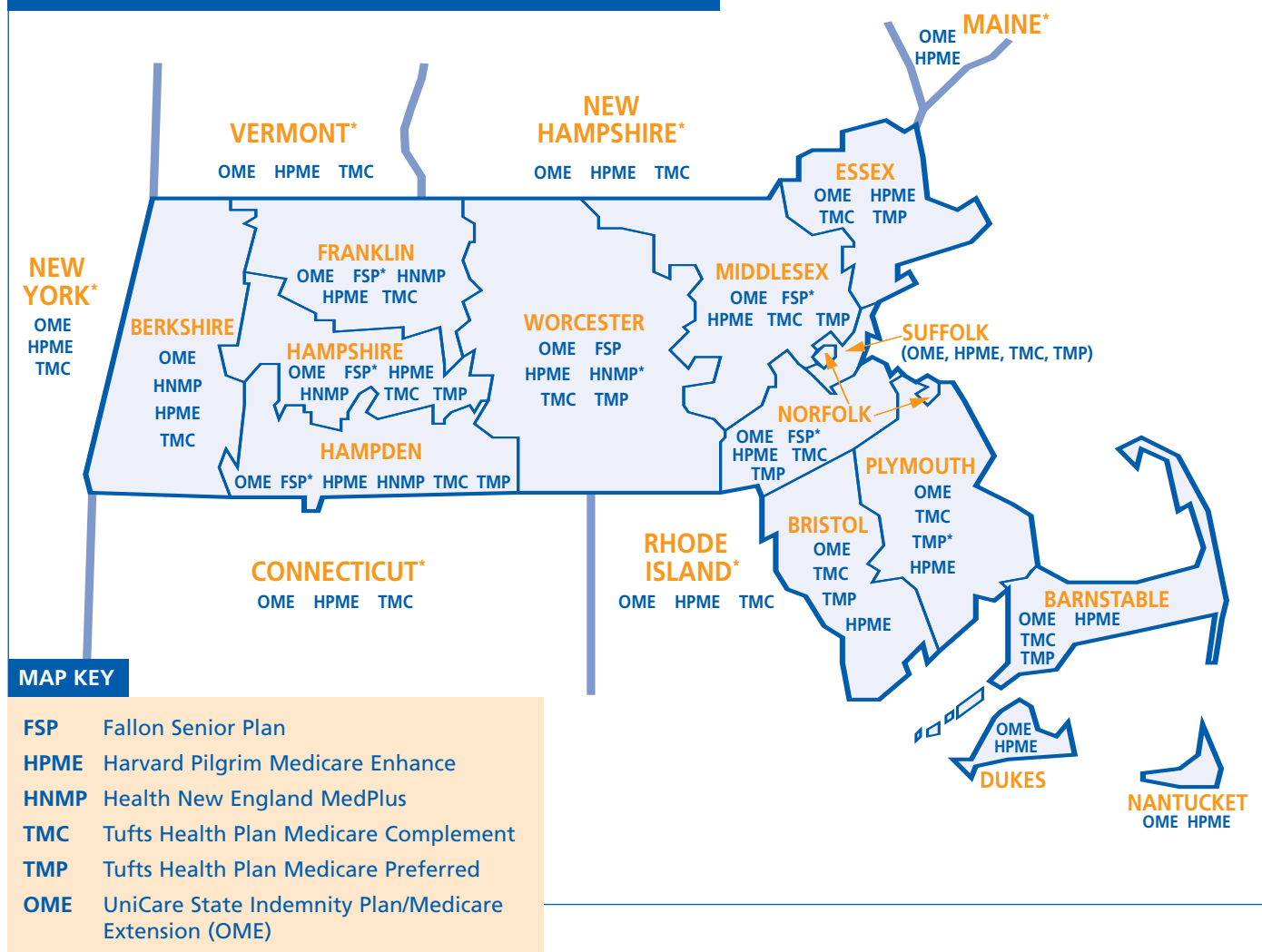
Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the federal Medicare Part D drug plans being offered. Therefore, you should not enroll in a federal Medicare drug plan.

- A "Creditable Coverage Notice" is in your plan handbooks and is also available on our website. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you must show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which will result in the loss of your GIC coverage.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one case where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at 1.800.772.1213.



Is the MEDICARE Plan Available in Your Area?



* Plans may not be available in every city and town in this county or state. Call the plans for their specific city and town coverage.



Harvard Pilgrim Medicare Enhance and the UniCare State Indemnity Plan/Medicare Extension (OME) are available throughout the United States. The Medicare Extension (OME) Plan is also available out of the country.

Monthly Group Insurance Commission (GIC) Full Cost Rates

Effective July 1, 2008

Full Cost Rates Including 0.75% Administrative Fee



For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality.

EMPLOYEE/NON-MEDICARE RETIREE HEALTH PLANS

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	HMO	\$ 397.47	\$ 953.91
Fallon Community Health Plan Select Care	HMO	471.68	1,132.03
Harvard Pilgrim Independence Plan	PPO	513.54	1,242.54
Health New England	HMO	427.06	1,058.70
Navigator by Tufts Health Plan	PPO	486.23	1,173.51
NHP Care (Neighborhood Health Plan)	HMO	421.74	1,117.61
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	753.25	1,758.57
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	718.51	1,677.98
UniCare State Indemnity Plan/Community Choice	PPO-type	410.94	986.24
UniCare State Indemnity Plan/PLUS	PPO-type	521.79	1,245.24

MEDICARE PLANS

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare	\$199.85
Harvard Pilgrim Medicare Enhance	Medicare	355.94
Health New England MedPlus	Medicare	357.40
Tufts Health Plan Medicare Complement	Medicare	325.19
Tufts Health Plan Medicare Preferred*	Medicare	168.25
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare	355.22
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare	344.65

* Rates are subject to federal approval and may change effective January 1, 2009.

Multi-Tier Drug Co-payment Structure

All GIC health plans provide benefits for prescription drugs using a three-tier co-payment structure in which your co-payments vary depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug co-payment levels. Contact plans you are considering with questions about your specific medications. *See pages 15-29 for the corresponding co-payment information.*

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage form and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses of brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand alternatives in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

Step Therapy – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.

Mandatory Generics – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic co-pay.

Specialty Drug Pharmacies – If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one co-pay every three months. *See pages 15-29 for co-pay details.* Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.

Important Information About Medicare Part D

Active Employees Age 65 and Over

All GIC health plans have prescription drug benefits equal to or greater than the federal Medicare Part D benefit. If you are Medicare eligible, but still working, your GIC health plan's prescription drug coverage will satisfy Medicare's creditable coverage requirements.

Medicare Retirees and Survivors

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan has better benefits than the Medicare Part D drug plans being offered. Therefore, you should not enroll in a Medicare Part D drug plan. *See page 11 for additional details.*



Plan Overview

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Direct Care offers a selective network based at a geographically concentrated network of physician group practices, community hospitals, and medical facilities. Contact the plan to see if your provider is in the network.

- **Primary Care Physician Office Visit**
100% after \$10 per visit; 100% pediatric wellness visit
- **Specialist Physician Office Visit**
100% after \$15 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$200 per admission
- **Outpatient Surgery**
100% after \$100 per occurrence
(maximum four co-pays annually per person)
- **Emergency Room**
100% after \$75 per visit *(waived if admitted)*

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$40	Tier 3: \$90

Employees, Retirees, Survivors, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Fallon Community Health Plan Direct Care is available in the following Massachusetts counties:

Essex Middlesex

Fallon Community Health Plan Direct Care is *partially* available in the following Massachusetts counties:

Hampden
Hampshire
Norfolk

The plan may not be available in every city and town in these counties. Contact the plan for details.

Municipal enrollees will receive a separate rate chart.

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan
1.866.344.4442
www.fchp.org



FALLON COMMUNITY HEALTH PLAN SELECT CARE

Plan Overview

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2008

Fallon Community Health Plan tiers network physicians based on quality and cost efficiency standards.

■ Primary Care Physician Diagnostic Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$15 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Primary Care Physician Wellness Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit; 100% after \$0 pediatric visit
- ★★ Tier 2 (good): 100% after \$15 per visit; 100% after \$5 pediatric visit
- ★ Tier 3 (standard): 100% after \$25 per visit; 100% after \$10 pediatric visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit

■ Inpatient Hospital Care – Medical

(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission

■ Outpatient Surgery

100% after \$125 per occurrence
(maximum four co-pays annually per person)

■ Emergency Room

100% after \$75 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$25
Tier 3: \$40

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$50
Tier 3: \$90

Eligibility

Employees, Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available in the following Massachusetts counties:

Berkshire	Hampshire
Bristol	Middlesex
Essex	Norfolk
Franklin	Suffolk
Hampden	Worcester

Fallon Community Health Plan Select Care is *partially* available in the following Massachusetts county:

Plymouth

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442
www.fchp.org

HARVARD PILGRIM INDEPENDENCE PLAN

Plan Overview

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

In-Network Benefits Effective July 1, 2008

- **Primary Care Physician Office Visit**
(Internal medicine, family practice and pediatrics)
100% after \$15 per visit
- **Specialist Physician Office Visit**
Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and cost efficiency standards: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), and Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Out-of-State Specialist Office Visit**
100% after \$25 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$15 per individual visit
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$300 per admission
- **Outpatient Surgery**
100% after \$100 per occurrence *(maximum four co-pays per person per calendar year)*
- **Emergency Room**
100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Nantucket
Dukes	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other states:

Connecticut	New York
Maine	Rhode Island
New Hampshire	Vermont

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
1.800.542.1499
www.harvardpilgrim.org/gic



HEALTH NEW ENGLAND

Plan Overview

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2008

- **Pediatric Physician Office Visit**
100% wellness office visit; 100% after \$15 per diagnostic visit
- **Primary Care Physician Office Visit**
Health New England tiers network Primary Care Physicians based on quality and cost efficiency standards.
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$15 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit
- **Specialist Physician Office Visit**
Health New England tiers the following specialists based on quality and cost efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), and Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Outpatient Mental Health and Substance Abuse Care:** 100% after \$15 per visit
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission
- **Outpatient Surgery**
100% after \$100 per occurrence
(maximum four co-pays annually per person)
- **Emergency Room**
100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$120

Eligibility

Employees, Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available in the following Massachusetts counties:

Berkshire	Hampshire
Hampden	Franklin

Health New England is *partially* available in the following Massachusetts county:

Worcester

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England
1.800.842.4464
www.hne.com

NAVIGATOR BY TUFTS HEALTH PLAN

Plan Overview

The Navigator Plan, administered by Tufts Health Plan, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit co-pays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated. Members pay a lower inpatient hospital co-pay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2008

- **Primary Care Physician Office Visit**
(Internal medicine, family practice and pediatrics)
100% after \$15 per visit
- **Specialist Physician Office Visit**
Tufts Health Plan tiers the following Massachusetts specialists based on quality and cost efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Rheumatologists and Urologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Out-of-State Specialist Office Visit**
100% after \$25 per visit
- **Outpatient Mental Health and Substance Abuse Care** (contact UBH for other mental health and substance abuse benefit details)
100% after \$15 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical**
(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics (OB), and pediatrics based on quality and cost efficiency.
 - Tier 1: 100% after \$200 per admission
 - Tier 2: 100% after \$400 per admission
- **Outpatient Surgery**
100% after \$100 per occurrence (maximum four co-pays per person per calendar year)
- **Emergency Room**
100% after \$50 per visit (waived if admitted)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Navigator by Tufts Health Plan is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other states:

Connecticut	Rhode Island
New Hampshire	Vermont
New York	

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

- **Medical Benefits:**
Tufts Health Plan
1.800.870.9488
www.tuftshealthplan.com/gic
- **Mental Health, Substance Abuse and EAP Benefits:**
United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)



NHP CARE (Neighborhood Health Plan)

Plan Overview

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit co-pays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2008

■ Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on quality and cost efficiency standards.

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on quality and cost efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, and Obstetrician/Gynecologists.

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$25 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

■ Inpatient Hospital Care – Medical

(maximum four co-pays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
100% after \$250 per admission

■ Outpatient Surgery

100% after \$100 per occurrence
(maximum four co-pays annually per person)

■ Emergency Room

100% after \$75 per visit *(waived if admitted)*

Prescription Drug Co-payments

**Retail up to
30-day supply:**

Tier 1: \$10
Tier 2: \$25
Tier 3: \$45

**Mail Order up to
90-day supply:**

Tier 1: \$20
Tier 2: \$50
Tier 3: \$135

Eligibility

Employees, Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available in the following Massachusetts counties:

Bristol	Norfolk
Essex	Suffolk
Hampden	Worcester
Middlesex	

NHP Care is *partially* available in the following Massachusetts county:

Plymouth

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care (Neighborhood Health Plan)

1.800.462.5449

www.nhp.org

UNICARE STATE INDEMNITY PLAN/BASIC

Plan Overview

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your co-pays are determined by your choice of physician. Massachusetts members pay lower office visit co-pays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated. The plan determines “allowed amounts” for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare’s national network of providers. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

Benefits with CIC (Comprehensive) Effective July 1, 2008

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$30 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit

100% after \$20 per visit

■ Network Outpatient Mental Health and Substance Abuse Care (contact UBH for other mental health and substance abuse benefit details): 100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)
100% after \$200 deductible

■ Outpatient Surgery: 100% after \$100 deductible (maximum one deductible per person per calendar year quarter)

■ Emergency Room

100% after \$50 per visit (waived if admitted)

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$7
Tier 2: \$20
Tier 3: \$40
Value Tier: \$2

Mail Order up to 90-day supply:

Tier 1: \$14
Tier 2: \$40
Tier 3: \$90
Value Tier: \$4

Specialty drug mail order up to 30-day supply: \$10

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

■ Medical Benefits:

UniCare

1.800.442.9300

www.unicare-cip.com

■ Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

■ Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com



UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

Plan Overview

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care co-pays and deductibles are determined by the type of treatment. For routine procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For certain complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital deductible when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2008

UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.

- **Primary Care Physician Office Visit**
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$20 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit
- **Specialist Office Visit**
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$20 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(contact UBH for other mental health and substance abuse benefit details)*
100% after \$15 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care – Medical**
(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)
100% after \$200 deductible
- **Outpatient Surgery**
100% after \$100 deductible *(maximum one deductible per person per calendar year quarter)*
- **Emergency Room**
100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$7	Tier 1: \$14
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90
Value Tier: \$2	Value Tier: \$4
Specialty drug mail order up to 30-day supply: \$10	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Dukes	Plymouth
Essex	Suffolk
Franklin	Worcester
Hampden	

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

- **Medical Benefits:**
UniCare
1.800.442.9300
www.unicare-cip.com
- **Mental Health, Substance Abuse and EAP Benefits:**
United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)
- **Prescription Drug Benefits:**
Express Scripts
1.877.828.9744
www.express-scripts.com

UNICARE STATE INDEMNITY PLAN/PLUS

Plan Overview

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit co-pays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated. Members pay a lower inpatient hospital deductible when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2008

UniCare tiers Massachusetts physicians based on quality and cost efficiency standards.

■ Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): 100% after \$10 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

■ Specialist Office Visit

- ★★★ Tier 1 (excellent): 100% after \$15 per visit
- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$35 per visit

■ Out-of-State Primary Care Physician and Specialist Office Visit

100% after \$20 per visit

■ Outpatient Mental Health and Substance Abuse Care

(contact UBH for other mental health and substance abuse benefit details)

100% after \$15 per visit

UBH also offers EAP services.

■ Inpatient Hospital Care – Medical

(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

- Tier 1: 100% after \$250 deductible
- Tier 2: 100% after \$400 deductible

■ Outpatient Surgery

100% after \$100 deductible

(maximum one deductible per person per calendar year quarter)

■ Emergency Room

100% after \$50 per visit *(waived if admitted)*

Prescription Drug Co-payments

Retail up to

30-day supply:

Tier 1: \$7

Tier 2: \$20

Tier 3: \$40

Value Tier: \$2

Specialty drug up to 30-day supply: \$10

Mail Order up to

90-day supply:

Tier 1: \$14

Tier 2: \$40

Tier 3: \$90

Value Tier: \$4

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

The plan is also available in the following other states:

Connecticut	New Hampshire
Maine	Rhode Island

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

■ Medical Benefits:

UniCare

1.800.442.9300

www.unicare-cip.com

■ Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

■ Prescription Drug Benefit:

Express Scripts

1.877.828.9744

www.express-scripts.com

FALLON SENIOR PLAN

Plan Overview

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Senior Plan is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2009.

Benefits Effective January 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Fallon Senior Plan is available in the following Massachusetts county:

Worcester

Fallon Senior Plan is *partially* available in the following Massachusetts counties:

Franklin	Middlesex
Hampden	Norfolk
Hampshire	

The plan may not be available in every city and town in these counties. Contact the plan for details.

Monthly Rates as of January 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Senior Plan

1.866.344.4442

www.fchp.org

HARVARD PILGRIM MEDICARE ENHANCE

Plan Overview

Harvard Pilgrim Medicare Enhance is a new supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

Benefits Effective July 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$20
Tier 3: \$35

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$40
Tier 3: \$105

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their dependents with Medicare Part A and Part B are eligible, regardless of where they live in the United States.

Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information.

Harvard Pilgrim Medicare Enhance

1.800.542.1499

www.harvardpilgrim.org

HEALTH NEW ENGLAND MEDPLUS

Plan Overview

Health New England MedPlus (formerly known as MedRate) is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$10
Tier 2: \$20
Tier 3: \$40

Mail Order up to 90-day supply:

Tier 1: \$20
Tier 2: \$40
Tier 3: \$120

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Health New England MedPlus is available in the following Massachusetts counties:

Berkshire	Hampden
Franklin	Hampshire

Health New England MedPlus is *partially* available in the following Massachusetts county:

Worcester

The plan may not be available in every city and town in this county. Contact the plan for details.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England MedPlus

1.800.842.4464
www.hne.com

TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Plan Overview

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:

Tier 1: \$8
Tier 2: \$20
Tier 3: \$35

Mail Order up to 90-day supply:

Tier 1: \$16
Tier 2: \$40
Tier 3: \$70

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Complement is available in the following Massachusetts counties:

Barnstable	Hampshire
Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester

Tufts Health Plan Medicare Complement is also available in the following other states:

Connecticut	Rhode Island
New Hampshire	Vermont
New York	

Coverage may not be available in every city and town in these states; contact the plan for more specific coverage information.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Complement
1.888.333.0880
www.tuftshealthplan.com

TUFTS HEALTH PLAN MEDICARE PREFERRED

Plan Overview

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2009.

Benefits Effective January 1, 2008

- **Physician Office Visit and Preventive Care**
100% after \$10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
100% after \$10 per visit
- **Inpatient Hospital Care**
100%
- **Inpatient and Outpatient Surgery**
100%
- **Emergency Room**
100% after \$50 per visit (*waived if admitted*)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$80

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Preferred is available in the following Massachusetts counties:

Barnstable	Middlesex
Essex	Norfolk
Hampden	Suffolk
Hampshire	Worcester

Tufts Health Plan Medicare Preferred is *partially* available in the following Massachusetts counties:

Bristol	Plymouth
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The plan may not be available in every city and town in these counties. Contact the plan for details.

Monthly Rates as of January 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Preferred
1.888.333.0880
www.tuftshealthplan.com

UNICARE STATE INDEMNITY PLAN/MEDICARE EXTENSION (OME)

Plan Overview

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States and outside of the country. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a co-payment, or seeking care from an out-of-network provider at higher out-of-pocket costs.

Benefits with CIC (Comprehensive) Effective July 1, 2008

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

- **Physician Office Visit**
100%
- **Preventive Care**
100% after \$5 per visit
- **Network Outpatient Mental Health and Substance Abuse Care**
(contact UBH for other mental health and substance abuse benefit details)
First four visits: 100%
Visits 5 and over: 100% after \$10 per visit
UBH also offers EAP services.
- **Inpatient Hospital Care**
(maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)
100% after \$50 deductible
- **Inpatient and Outpatient Surgery**
100% within Massachusetts; call the plan for out-of-state details
- **Emergency Room**
100% after \$25 per visit (waived if admitted)

Prescription Drug Co-payments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$7	Tier 1: \$14
Tier 2: \$20	Tier 2: \$40
Tier 3: \$40	Tier 3: \$90
Value Tier: \$2	Value Tier: \$4
Specialty drug mail order up to 30-day supply: \$10	

Eligibility

Retirees, Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2008

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional benefit information.

- **Medical Benefits:**
UniCare
1.800.442.9300
www.unicare-cip.com
- **Mental Health, Substance Abuse and EAP Benefits:**
United Behavioral Health
1.888.610.9039
www.liveandworkwell.com (access code: 10910)
- **Prescription Drug Benefits:**
Express Scripts
1.877.828.9744
www.express-scripts.com



Attend a Health Fair

Attend one of the GIC's health fairs to:

- Speak with health benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

Bring your family! There are four Saturday health fairs for your family's convenience. See page 31 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 14 de Abril hasta el 16 de Mayo del 2008. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2008. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2008年4月14日開始，於5月16日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2008年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Four-track Audiotape for Visually Impaired

If you know an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a four-track *Benefit Decision Guide* audiotape: **617.727.2310 ext. 1.**

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- GIC publications – including the *Benefits At-a-Glance* brochures, our *For Your Benefit* newsletter, and the *Benefit Decision Guides*
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Answers to frequently asked questions
- Health articles and links to help you take charge of your health, including a hospital research tool (password: *quality*)



Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 14 tháng Tư và chấm dứt vào ngày 16 tháng Năm, 2008. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2008. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.

APRIL 2008

16 WEDNESDAY 12:00-5:00

Wrentham Developmental Center
Graves Auditorium
Littlefield Street
Wrentham

18 FRIDAY 11:00-2:00

Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
Ludlow

19 SATURDAY 11:00-2:00

Mass Maritime Academy
Bay State Conference Center – Cafeteria
Academy Drive
Buzzards Bay

23 WEDNESDAY 11:00-3:00

Bristol Community College
Commonwealth Center – Building G
777 Ellsbree Street
Fall River

24 THURSDAY 11:00-3:00

Quinsigamond Community College
Library/Learning Center – Room 109
670 West Boylston Street
Worcester

26 SATURDAY 10:00-2:00

Massasoit Community College
Conference Center
770 Crescent Street
Brockton

28 MONDAY 10:00-2:00

U-Mass Amherst
Student Union Ballroom
Amherst

30 WEDNESDAY 12:00-5:00

Northern Essex Community College
The Tech Center – Rooms 103 A&B
100 Elliott Street
Haverhill

MAY 2008

1 THURSDAY 1:00-5:00

The Cummings School
40 Herman Street
Winthrop

2 FRIDAY 12:00-5:00

Templeton Developmental Center
Activity Center
212 Freight Shed Road
Templeton (Baldwinville)

3 SATURDAY 10:00-2:00

Northshore Community College
Health Professions & Science Building
1 Ferncroft Road
Danvers

5 MONDAY 11:00-4:00

Holyoke Community College
Bartley Center
303 Homestead Avenue
Holyoke

7 WEDNESDAY 10:00-3:00

McCormack State Office Building
21st Floor
1 Ashburton Place
Boston

9 FRIDAY 2:00-6:00

Mohawk Trail Regional High School
26 Ashfield Road
Shelburne

10 SATURDAY 12:00-5:00

Turners Falls High School
Great Falls Middle School – Cafeteria
222 Turnpike Road
Montague (Turners Falls)

15 THURSDAY 11:00-3:00

State House
Great Hall – 2nd Floor
Beacon Street
Boston

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and co-payments. Enrollees without CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Basic and Medicare Extension Plan members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life events. Premiums cost 102% of the full cost group premium.

CPI (Clinical Performance Improvement) Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our enrollees. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest co-pay incentives when they use higher-performing providers. Plans that use cost efficiency and quality information to develop tiered networks are designated as Select & Save plans.

Deferred Retirement – allows you to continue your group health insurance after you leave municipality service. Until you receive a retirement allowance, you will be responsible for the entire health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 13-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in particular cities and towns.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

Imputed Income – the value of any benefit or service that is considered income for the purposes of calculating federal taxes. GIC benefits subject to imputed income include the value of health insurance coverage for same-sex spouses and for non-IRS Dependents ages 19 to 26.

IRS Dependent for GIC coverage – Usually a full-time student age 19 to 24, handicapped dependent age 19 to 26, or dependent age 19 to 26 who receives at least half of his/her support from the insured and who has a gross annual income of less than \$3,200. See IRS Publication 501 and the GIC's website for details.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – physicians with specialties in internal medicine, family practice, pediatrics, and sometimes OB/GYN. For HMO members, you must select a PCP to coordinate your health care.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

Tier – co-pay groupings that are determined by value (drugs) or cost efficiency and quality (physicians and hospitals). Members pay lower co-pays for (higher value) Tier 1 drugs, doctors, and hospitals.

For More Information, Contact the Plans

*For more information about specific plan benefits, call a plan representative.
Be sure to indicate you are a GIC insured.*

HEALTH INSURANCE		
Fallon Community Health Plan Direct Care Select Care Senior Plan	1.866.344.4442	www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1.800.542.1499	www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO MedPlus	1.800.842.4464	www.hne.com
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org
Tufts Health Plan Navigator ■ Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>) Medicare Complement Medicare Preferred	1.800.870.9488 1.888.610.9039 1.888.333.0880	www.tuftshealthplan.com/gic www.liveandworkwell.com (access code: 10910) www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic Community Choice Medicare Extension (OME) PLUS For all Indemnity Plans ■ Prescription Drugs (<i>Express Scripts</i>) ■ Mental Health/Substance Abuse and EAP (<i>United Behavioral Health</i>)	1.800.442.9300 1.877.828.9744 1.888.610.9039	www.unicare-cip.com www.express-scripts.com www.liveandworkwell.com (access code: 10910)

ADDITIONAL RESOURCES		
Employee Assistance Program (EAP) <i>for Managers and Supervisors</i> (<i>United Behavioral Health</i>)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 (<i>Eastern MA</i>) 1.413.784.1711 (<i>Western MA</i>)	www.mass.gov/mtrs
Medicare	1.800.633.4227	www.medicare.gov
Social Security Administration	1.800.772.1213	www.ssa.gov

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583
www.mass.gov/gic

Commonwealth of Massachusetts

Deval L. Patrick, *Governor*

Timothy P. Murray, *Lieutenant Governor*

Group Insurance Commission

Dolores L. Mitchell, *Executive Director*

19 Staniford Street, 4th Floor

Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

Mailing Address

Group Insurance Commission

P.O. Box 8747

Boston, MA 02114-8747

Website: www.mass.gov/gic

Commissioners

Thomas A. Shields, *Chair*

Richard Waring (NAGE), *Vice Chair*

Suzanne Bailey, *Designee for Nonnie S. Burnes,*
Commissioner, Division of Insurance

Harris A. Berman, M.D.

Mary Ann Bradley, *Designee for Leslie A. Kirwan,*
Secretary of Administration and Finance

Theron R. Bradley

Stephen B. Chandler (Local 5000, S.E.I.U., NAGE)

David M. Cutler, *Health Economist*

J. Mark Enriquez

David Handy

Karen Hathaway (Council 93, AFSCME, AFL-CIO)

Anne M. Paulsen, *Retiree Member*

Paul F. Toner, *Massachusetts Teachers Association*



Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747 • Boston, MA 02114-8747